



Memphis Shelby County Health Department
Pollution Control Section
814 Jefferson Avenue
Memphis, TN 38105



For Office Use Only

Notification Date _____

Notification # _____

Date _____

Postmark _____

ASBESTOS NOTICE OF INTENT TO REVISE NOTIFICATION

Site Name: _____

Location: _____

Contractor/Operator: _____

Date Original Notice Was Submitted: _____

This is to revise the previous notice of intent for the above project. The changes on the attached notice are concerned with:

____ Prepping Dates

____ Removal Dates

____ Disposal Site

____ Contractor/Operator

____ Work Practice

____ Waste Transporter

____ Amount or Type of Asbestos

____ Work Days of the Week

____ Work Hours

____ Demolition Dates

____ Other (List Below)

The reason(s) for making the above change(s) are listed below:

This is to verify that the above information is accurate and has been provided by:

Name (Printed) _____ **Date:** _____

Signature _____